

YELLOWSTONE COUNTY, MONTANA

SHERIFF PATROL DIVISION

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ CAREFULLY - PRINT CLEARLY OR TYPE- ANSWER ALL QUESTIONS

Date: _____ U.S. Social Security No. _____

Name in full _____
(Last) (First) (Middle) (Telephone)

Address _____
(Number & Street) (City) (State & Zip) (Message Telephone)

Are you 18 years or older? () Yes () No

Position applying for: _____

Department: _____

List other names, if any, used on employment or education records: _____

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? () Yes () No

Have you ever worked
for Yellowstone County? _____ Where? _____ When? _____

Position Held? _____ Reason for Leaving? _____

Do you have any relatives working for Yellowstone County? _____
If yes, where? _____

Have you ever been convicted of a felony? Yes () () No (Conviction is not an automatic bar to employment.)
If yes, describe in full giving dates: _____

EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
High School			1	2	3	4	() Yes () No	
College			1	2	3	4	() Yes () No	
Other (Specify)								

EMPLOYMENT HISTORY

(Give a complete record of all employment and reasons for periods of unemployment for at least five years. Start with the most recent employment.)

Latest

Employment First

May we contact these employers now? YES () NO ()

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time ()	Part Time () Hours/week _____
Supervisor's Name & Title _____		Phone No. _____
In your own words describe your work: _____		
Reason for Leaving: _____		

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time ()	Part Time () Hours/week _____
Supervisor's Name & Title _____		Phone No. _____
In your own words describe your work: _____		
Reason for Leaving: _____		

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time ()	Part Time () Hours/week _____
Supervisor's Name & Title _____		Phone No. _____
In your own words describe your work: _____		
Reason for Leaving: _____		

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time ()	Part Time () Hours/week _____
Supervisor's Name & Title _____		Phone No. _____
In your own words describe your work: _____		
Reason for Leaving: _____		

Position/Title _____	From Mo./Yr. _____	To Mo./Yr. _____
Employer _____	Phone: _____	
Address _____	City _____	State: _____ Zip: _____
Salary _____	Full Time ()	Part Time () Hours/week _____
Supervisor's Name & Title _____		Phone No. _____
In your own words describe your work: _____		
Reason for Leaving: _____		

<h3 style="margin: 0;">SKILLS</h3> <p style="margin: 5px 0;">Check the skills you possess. Specify speed/errors where requested.</p> <div style="display: flex; justify-content: space-between;"> () Typing _____ () Data Entry _____ () Machine Transcription _____ () Ten-Key by Touch _____ </div> <div style="display: flex; justify-content: space-between;"> () Legal Terminology _____ () Other _____ </div>			
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MONTANA PREFERENCE ACTS

If you are claiming preference under Montana Veterans' Employment Preference Act or Handicapped Persons' Employment Preference Act, complete the following (documentation will be required):

To claim Veterans' Employment Preference you must be a U.S. citizen and (check one of the boxes below):

- () A Veteran separated under honorable conditions.
- () A Disabled Veteran separated under honorable conditions.
- () The spouse of a disabled veteran if the veteran's disability prevents him/her from working.
- () The unremarried surviving spouse of a veteran or disabled veteran.
- () The mother of a veteran, if the veteran lost his/her life under honorable conditions while serving in the Armed Forces, OR has a service-connected, permanent, and total disability.

You may claim Handicapped Persons’ Employment Preference as (check on of the boxes below):

- () A handicapped person certified by SRS
- () The spouse of totally (100%) disabled person certified by SRS

If you checked one of the above boxes for Handicapped Persons’ Employment Preference Act:

Are you a Montana resident? () Yes () No If “YES”, date residency established:

READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION:

I understand that falsification, misrepresentation or omission of information is sufficient cause for rejection of this application, or if hired, dismissal from employment.

I grant permission for the authorities of Yellowstone County to investigate my references and release said County, as well as my former employers, from any and all liability resulting from such investigation.

Date: _____ Signature _____

We appreciate your interest in employment with Yellowstone County. Please feel free to attach your resume to this application, or any other additional comments which you feel will be helpful in evaluating your qualifications for the position.

SUBMIT COMPLETED APPLICATION WITH ORIGINAL SIGNATURE TO:

Human Resources, Rm 207
Yellowstone County
217 N. 27th Street
Billings MT 59101

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